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Application No. 10/810,147 TRANSMITTAL FORM Filing Date March 25, 2004 (to be used for all correspondence after initial filing) First Named Inventor William Hal Rayman Art Unit 3632 **Examiner Name** Anita M. King Total Number of Pages in This Submission 25 Attorney Docket Number 6816P001

ENCLOSURES (check all that apply)					
Fee Transmittal	Form	Drawing(s)		After Allowance Communication to Group	
Fee Attach	ned	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences	
Amendment / Re	sponse	Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After Final	! declaration(s)	Petition to Convert a Provisional Application		Proprietary Information	
Extension of Time	e Request	Power of Attorney, Revocation Change of Correspondence Address		Status Letter Other Enclosure(s)	
Express Abandor	nment Request	Terminal Disclaimer		(please identify below):	
Information Discl	osure Statement	Request for Refund	R	eturn receipt postcard	
Certified Copy of Document(s)		CD, Number of CD(s)			
Decla	cation Filing Fee ration/POA to Missing er 37 CFR	Remarks			
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual name Steven Laut, Reg. No. 47,736 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Signature					
Date April 21, 2005					
CERTIFICATE OF MAILING/TRANSMISSION					
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Typed or printed name Jean Syoboda					
Signature	2	- Ld-	Date	April 21, 2005	

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THE TI	RANSMI	ΤΤΔΙ		Complete if Known	
			Application Number	10/810,147	
	r FY 200	-	Filing Date	March 25, 2004	
Patent fee	s are subject to annual re	vision.	First Named Inventor	William Hal Rayman	
Applicant claims sm	nall entity status. Se	e 37 CFR 1.27.	Examiner Name	Anita M. King	
TOTAL AMOUNT O	Art Unit 3632		3632 6816P001		
		(+) 400.00	Altoniey Docker No.	6816F001	
METHOD OF PAY	MENT (check a	all that apply)			
☑ Check ☐ Credit c	ard Money (Order None	Other (please identify):		
Deposit Account			Deposit Account Name	Blakely, Sokoloff, Taylor & Zafman LLP	
☐ Charge fee(s ☐ Charge any a) indicated below	or underpayment of fee(☐ Charge fee(s)	indicated below, except for the filing fee	
FEE CALCULATION					
1. EXTRA CLAIM Total Claims Independent Claims 6	FEES Extra Claims . 24 = 4	Fee from below FeePad 25.00 = \$100.00 = \$300.00			
Multiple Dependent	ntity.	=			
Large Entity					
2 ADDITIONAL I Large Entity Sm	EES all Entity				
Fee Code (\$) Code 1051 130 2051	Fee (\$)	Fee Description te filing fee or oath		Fee Paid	
1052 50 2052		e provisional filing fee or cover sheet	•		
2053 130 2053 1251 120 2251	•	ecification eply within first month			
1252 450 2252	225 Extension for re	eply within second month			
1253 1,020 2253 1254 1,590 2254		eply within third month eply within fourth month			
1255 2,160 2255		epty within fifth month			
1401 500 2401	250 Notice of Appe	al			
1402 500 2402 1403 1,000 2403		support of an appeal		<u> </u>	
1451 1,510 2451		tute a public use proceeding			
1460 130 2460	130 Petitions to the	Commissioner			
1807 50 1807 1806 180 1806		under 37 CFR 1.17(q) Information Disclosure Stmt		 	
1809 790 1809		sion after final rejection (37 CFR § 1.	.129(a))		

SUBMITTED BY			Complete (if applicable)			plete (if applicable)
Name (Print/Type)			Registration No. (Attorney/Agent)	47,736	Telephone	(310) 207-3800
Signature	1	5			Date	04/21/05

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395 For each additional invention to be examined (37 CFR § 1.129(b))

SUBTOTAL (2)

1810

790 Other fee (specify)

1809 2810